PTO/SB/06 (07-06)

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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | Application or Docket Number 10/811,421 Filing Date 03/26/2004 | | | | To be Mailed | |
|---|--|---|--|---|--------------|--|---|--|---|----|-----------------------|------------------------|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY | | | | HER THAN ALL ENTITY | |
| Г | FOR | М | NUMBER FILED | | NUMBER EXTRA | | П | RATE (\$) | FEE (\$) | | RATE (\$) | FEE (\$) | |
| | BASIC FEE (37 CFR 1.16(a), (b), | or (c)) | N/A | | N/A | | | N/A | | 1 | N/A | | |
| | SEARCH FEE (37 CFR 1.16(k), (i), | or (m)) | N/A | | N/A | | | N/A | |] | N/A | | |
| | EXAMINATION FE (37 CFR 1.16(o), (p), | | N/A | | N/A | | | N/A | | | N/A | | |
| | FAL CLAIMS CFR 1.16(i)) | | minus 20 = | | | | П | x \$ = | | OR | x s = | | |
| | EPENDENT CLAIM CFR 1.16(h)) | | minus 3 = | | • | | | x \$ = | |] | x \$ = | | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | FEE sheet is \$2 addi | If the specification and of sheets of paper, the app is \$250 (\$125 for small of additional 50 sheets or f 35 U.S.C. 41(a)(1)(G) at | | | oplication size fee due I entity) for each r fraction thereof. See | | | | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j)) | | | | | | | П | | |] | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | | TOTAL | |] | TOTAL | | |
| L | APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | |
| AMENDMENT | 01/30/2009 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1.16()) | * 8 | Minus | ·· 20 | | = 0 | П | x \$ = | | OR | X \$52= | 0 | |
| | Independent (37 CFR 1,16(h)) | • 3 | Minus | ***3 | | = 0 | П | x \$ = | | OR | X \$220= | 0 | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | | | |
| Ĺ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | | OR | | | |
| | | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | 0 | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | | |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER DUSLY | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1,16(i)) | * | Minus | ** | | = | П | x \$ = | | OR | x \$ = | | |
| | Independent (37 CFR 1,16(h)) | * | Minus | *** | | | П | x \$ = | | OR | x \$ = | | |
| 핍 | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | |] | | | |
| AM | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j)) | | | | | | | | | OR | | | |
| | | | | | | | • | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | | |
| ** | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, process) an application. Confidentially is governed by 30.53.C. 122 and 37.24.F. I mis collection to the sendated to lake 12 intended to complete a policy against in preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual sase. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. a tracking the complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. and the complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. and the complete of Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.